

(1) a financial emergency, such as a pending insolvency or temporary liquidity problem;

(2) a life-threatening situation occasioned by a natural disaster or arson; or

(3) another unusual occurrence or exigent circumstance.

(c) REPAYMENT.—

(1) INCOME.—If the University withdraws or expends more than the endowment fund income authorized by this section, the University shall repay the Secretary an amount equal to one-third of the amount improperly expended (representing the Federal share thereof).

(2) CORPUS.—Except as provided in section 402(e)—

(A) the University shall not withdraw or expend any endowment fund corpus; and

(B) if the University withdraws or expends any endowment fund corpus, the University shall repay the Secretary an amount equal to one-third of the amount withdrawn or expended (representing the Federal share thereof) plus any endowment fund income earned thereon.

SEC. 405. ENFORCEMENT.

(a) IN GENERAL.—After notice and an opportunity for a hearing, the Secretary is authorized to terminate a grant and recover any grant funds awarded under this section if the University—

(1) withdraws or expends any endowment fund corpus, or any endowment fund income in excess of the amount authorized by section 404, except as provided in section 402(e);

(2) fails to invest the endowment fund corpus or endowment fund income in accordance with the investment requirements described in section 403; or

(3) fails to account properly to the Secretary, or the General Accounting Office if properly designated by the Secretary to conduct an audit of funds made available under this title, pursuant to such rules and regulations as may be proscribed by the Comptroller General of the United States, concerning investments and expenditures of the endowment fund corpus or endowment fund income.

(b) TERMINATION.—If the Secretary terminates a grant under subsection (a), the University shall return to the Treasury of the United States an amount equal to the sum of the original grant or grants under this title, plus any endowment fund income earned thereon. The Secretary may direct the University to take such other appropriate measures to remedy any violation of this title and to protect the financial interest of the United States.

SEC. 406. AUTHORIZATION OF APPROPRIATIONS.

There is authorized to be appropriated to carry out this title \$3,000,000. Funds appropriated under this section shall remain available until expended.

TITLE V—ROBERT T. STAFFORD PUBLIC POLICY INSTITUTE

SEC. 501. DEFINITIONS.

In this title:

(1) ENDOWMENT FUND.—The term “endowment fund” means a fund established by the Robert T. Stafford Public Policy Institute for the purpose of generating income for the support of authorized activities.

(2) ENDOWMENT FUND CORPUS.—The term “endowment fund corpus” means an amount equal to the grant or grants awarded under this title.

(3) ENDOWMENT FUND INCOME.—The term “endowment fund income” means an amount equal to the total value of the endowment fund minus the endowment fund corpus.

(4) INSTITUTE.—The term “institute” means the Robert T. Stafford Public Policy Institute.

(5) SECRETARY.—The term “Secretary” means the Secretary of Education.

SEC. 502. PROGRAM AUTHORIZED.

(a) GRANTS.—From the funds appropriated under section 505, the Secretary is authorized to award a grant in an amount of \$5,000,000 to the Robert T. Stafford Public Policy Institute.

(b) APPLICATION.—No grant payment may be made under this section except upon an application at such time, in such manner, and containing or accompanied by such information as the Secretary may require.

SEC. 503. AUTHORIZED ACTIVITIES.

Funds appropriated under this title may be used—

(1) to further the knowledge and understanding of students of all ages about education, the environment, and public service;

(2) to increase the awareness of the importance of public service, to foster among the youth of the United States greater recognition of the role of public service in the development of the United States, and to promote public service as a career choice;

(3) to provide or support scholarships;

(4) to conduct educational, archival, or preservation activities;

(5) to construct or renovate library and research facilities for the collection and compilation of research materials for use in carrying out programs of the Institute;

(6) to establish or increase an endowment fund for use in carrying out the programs of the Institute.

SEC. 504. ENDOWMENT FUND.

(a) MANAGEMENT.—An endowment fund created with funds authorized under this title shall be managed in accordance with the standard endowment policies established by the Institute.

(b) USE OF ENDOWMENT FUND INCOME.—Endowment fund income earned (on or after the date of enactment of this title) may be used to support the activities authorized under section 503.

SEC. 505. AUTHORIZATION OF APPROPRIATIONS.

There are authorized to be appropriated to carry out this title \$5,000,000. Funds appropriated under this section shall remain available until expended.

ORDERS FOR WEDNESDAY, NOVEMBER 3, 1999

Mr. HAGEL. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until the hour of 9:30 a.m. on Wednesday, November 3. I further ask consent that on Wednesday, immediately following the prayer, the Journal of proceedings be approved to date, the morning hour be deemed expired, the time for the two leaders be reserved for their use later in the day, and the Senate then resume consideration of the trade bill postcloture.

The PRESIDING OFFICER. Without objection, it is so ordered.

PROGRAM

Mr. HAGEL. For the information of all Senators, at 9:30 a.m. on Wednesday, the Senate will immediately begin debate in relation to the African trade

bill. Therefore, Senators may anticipate votes throughout the day and into the evening. In addition, it is expected that the Senate could consider the financial services modernization conference report and any necessary appropriations bills. Therefore, votes will occur each day of Senate session this week.

ORDER FOR ADJOURNMENT

Mr. HAGEL. Mr. President, if there is no further business to come before the Senate, I now ask unanimous consent that the Senate stand in adjournment under the previous order, following the remarks of Senator WYDEN.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. HAGEL. Mr. President, I yield the floor.

Mr. WYDEN addressed the Chair.

The PRESIDING OFFICER. The Senator from Oregon.

PRESCRIPTION DRUG COVERAGE FOR OUR NATION'S ELDERLY CITIZENS

Mr. WYDEN. Mr. President, I am on the floor tonight for what is really the 10th time in recent days to talk about the need for decent prescription drug coverage for the Nation's elderly citizens. There is one bipartisan bill now before the Senate. It is the Snowe-Wyden bill. I believe so strongly in this issue because of what I am hearing from senior citizens in my home State and now, frankly, from across the United States.

What I have decided to do, as part of the effort to advance the prospect of dealing with this issue and dealing with it on a bipartisan basis, is to come to the floor as frequently as I can in the hectic Senate schedule to read from some of these bills I am getting from the Nation's senior citizens.

As you can see in the poster next to us, on behalf of the Snowe-Wyden legislation, I am urging seniors to send in copies of their prescription drug bills directly to us at the United States Senate, Washington, DC 20510, because I would like to see the Senate deal with this issue and not just put it off because some are saying it is too difficult and too hard to deal with in this contentious climate. I believe Members of the Senate are sent here to deal with tough issues. This is one that would meet an enormous need.

For a number of years before I was elected to the Congress, I served as director of the Oregon Gray Panthers. The need for coverage of prescription drugs was extremely important back then. It was always a big priority for senior citizens.

Frankly, it is much more important today because so many of the drugs that are available now are preventive in nature. They help keep seniors well.

They help us to hold down the cost of medical care in America. A lot of these drugs today, the blood pressure medicine, the cholesterol medicine, keep seniors well and keep us from needing much greater sums of money to pick up the cost of tragic illnesses.

Last week, I cited as one example an important anticoagulant drug. This is a drug that can be available to the Nation's seniors for somewhere in the vicinity of \$1,000 a year. But if a senior gets sick, if a senior suffers a debilitating stroke, the expenses associated with that treatment can be more than \$100,000. Just think about that—a modest investment in decent prescription drug coverage for the Nation's elderly people, an anticoagulant drug that costs \$1,000 a year can help save \$100,000 in much more significant medical expenses.

As the President knows, we have a real challenge in terms of ensuring the stability of the Medicare program. The Part A program, the institutional program, is the one that is going to escalate in cost if we can't do more to make prescription drug coverage a significant part of outpatient benefits for the Nation's seniors.

I am very hopeful this Senate will act on this issue. I believe this is the kind of issue that could be a legacy for this session of Congress.

All over the Nation, seniors are telling us now they cannot afford their prescription medicine. I am going to read from three more letters I have recently received from folks at home. The first is from an elderly woman in Toledo, OR. She writes:

Dear Senator Wyden, I am an 81-year-old widow. My only income, Social Security, allows me to pay for glaucoma, angina, high blood pressure, all of which I have problems. I am taking eight prescription medications daily. My Medicare supplement insurance doesn't cover medication.

For just 1 month for those medicines, she has to spend \$166. On top of that, she reports that every other month she has to spend a little over \$62 for a small bottle of eye drops. As she says:

That adds up to a lot. If I don't use the eye drops, I go blind. And if I don't use the other medications, I will have a stroke, a heart attack or both. Myself, and I am sure many others, are in exactly the same boat.

She, as part of her letter, encloses a copy of her bills.

Now, this isn't the kind of thing we might hear from some Washington, DC, think tank that is putting out reports about whether or not this is a serious problem and whether or not seniors really need this prescription drug coverage. This is a real live case. This isn't an abstract kind of matter. This is an 81-year-old widow in the State of Oregon who is taking eight prescriptions a day, spending from a modest fixed income \$166 a month for those eight prescriptions. Every other month, on top of that, she has to pay for her eye drops. It is very clear that

if she doesn't get those medicines, she is going to have the much more serious problems—heart attacks and strokes—that are so debilitating to older people.

Another letter that I got in the last couple of days comes from Medford, OR, from seniors there who discussed the question of prescription drug coverage there at the senior citizens center. They said:

We are glad you are launching a movement to gain support for prescription drug coverage for seniors. They hope it goes through. Enclosed you will find a computer printout of the amounts I spend on prescriptions and drugs. More than 10 percent of our annual budget is used to defray prescription costs. That does not include the miscellaneous items related to drug purchases.

She sent me this, and I will hold up a copy of it. It is an example of the kind of information we are getting. She actually sent us an enumerated copy of the prescription bills that she is paying at home in Medford, OR. These are not isolated cases. I have been on the floor now, this is the tenth occasion, taking three or four of these cases every single time. I hope seniors and families who are listening tonight will look at this poster and see we are urging that they send in copies of their prescription drug bills to their Senators here in the U.S. Senate in Washington, DC, because I am hopeful that this can prick the conscience of the Senate and bring about constructive action before this session is over.

The Snowe-Wyden legislation is bipartisan. Fifty-four Members of this body have already voted for this bill. We have a majority in the Senate on record on behalf of the funding mechanism that we envisage in our legislation. We use marketplace forces. I am not talking about a price control regime or about a one-size-fits-all approach to Federal health care; it is one that is very familiar to the Presiding Officer and to all our colleagues. It is really a model based on the Federal Employees Health Benefits Plan. The Snowe-Wyden legislation is called SPICE. It stands for the Senior Prescription Insurance Coverage Equity Act. It is bipartisan. We do think it would help create choices, options, and alternatives for the Nation's older people.

I am very hopeful this Senate will say we cannot afford to duck this issue. I am often asked whether we can afford to cover prescription medicine for the Nation's older people. I am of the view that we cannot afford not to cover prescriptions, because what we are going to save as a result of these medicines of the future, and the breakthroughs that we are achieving in terms of preventive care and wellness, is going to far exceed the costs that might be incurred as a result of debilitating illnesses that seniors will suffer if they can't get the medicine. As part of this effort to get bipartisan support for the Snowe-Wyden legislation, I intend to keep

coming to the floor of the Senate and reading from these letters.

Before I wrap up tonight, I wish to bring up one other case that I thought was particularly poignant. This also was a letter from an elderly person in Medford. Her Social Security monthly income was \$582. Over the last few months, she spent over \$700 on her prescription medicine, and every 3 months, in addition, she has to pay for her health insurance plan, which doesn't seem to cover many of the health care needs that she has.

Just think about that. With a monthly Social Security income of \$582, over recent months she spent more than \$700 on prescription drugs. Her private policy doesn't cover many of her health care needs. She also is sending me copies of her bills in an effort to get the Senate to see how important this issue is.

Members of the Senate, I know, care about older people; a number of them have come up to me while I have been on the floor these last couple of weeks talking about this issue and said: You are right; we need to act on it. It is hard to see what is actually holding up the effort to go forward in the Senate.

This is the last period before the year is out. Certainly we can come together as a body and get ready to address this issue early next year. We have a majority in the Senate on record and voting for a specific plan to fund this benefit. It is based on a model that uses marketplace forces that ought to be appealing to both sides of the aisle. It is a model with which Members of Congress are familiar because of the Federal Employees Health Benefits Plan. It is the basis of the Snowe-Wyden legislation. It is hard to see what is really holding up the effort to win passage of this important legislation.

I guess part of the problem is that some of the political prognosticators say it is a difficult issue, that both sides are just going to fight it out on the campaign trail, and we can just wait until 2001 to actually take action on it.

When I hear from seniors at home, such as the letter I raised first from the elderly widow in Toledo who has eight prescriptions and pays more than \$165 a month for her prescriptions, and folks in Medford who are on a small monthly income and spending a significant portion of it on prescription drugs, I don't think those people can afford to wait until after the 2001 election. Frankly, I think they expect us to deal with the concerns they have, and to deal with them now.

It is essentially one full year before there is another election. There is plenty of time to go out and campaign and have the vigorous discussion of the issues in the fall of 2000. But what we ought to do now is to act in a bipartisan way. The Snowe-Wyden legislation is that kind of effort. Senator

SNOWE and I have said we are going to set aside some of the partisan bickering that has surrounded health care in this session of the Senate in years past; we are going to move forward and try to make sure seniors get some help.

I hope families and seniors who are listening tonight will look at this poster. We are urging that seniors send copies of their prescription drug bills directly to each of us in the Senate here in Washington, DC, and help us in the Senate to come together and deal with the issue that is of such extraordinary importance to our families.

There are a variety of ways this issue could be addressed. I think personally the Snowe-Wyden legislation, because it is bipartisan and because more than half of the Senate has voted for a plan to fund it, is the way to go. But I am sure there are other kinds of ideas.

When seniors send in copies of their prescription drug bills as we try to get action on this issue, I hope they will also let us know their ideas about legislative approaches, be it support for Senator SNOWE, the Snowe-Wyden legislation, or other kinds of approaches. But what to me is unacceptable is just ducking. I do not think there is any excuse for inertia on this issue. I think it is time for the Senate to say we cannot afford, as a nation, to see seniors suffer the way they do when they cannot get prescription drug coverage.

Just as important as the questions of fairness for seniors, it seems to me, are the questions of economics. From an economic standpoint, the need to cover some of these prescription drugs for seniors looks to me like a pretty easy call. With a modest investment, we can save a whole lot of expense that comes about when they suffer strokes and

heart attacks and the like when they cannot get their medicine.

So I hope in the days ahead, Members of the Senate, in senior centers and medical facilities and other places where we all go to visit, will take the time to talk to some of the folks at home about the need for prescription drug coverage and discuss ways we can actually get this benefit added in this session of the Senate. Too many of our seniors now cannot afford their medicine. That is what these bills are all about. What these bills and these letters I am getting from seniors at home in Oregon are all about is that they cannot afford their medicine. These are the people who are told by their doctors to take three prescriptions; they cannot afford to do that and they end up taking two prescriptions. Then they cannot afford to do that; then it is one. Pretty soon, sure as the night follows day, they get sicker and they need institutional care. That is, obviously, bad for their health and it is also bad for the Nation's fiscal health. So I intend to keep coming back to the floor of the Senate.

Since my days with the Gray Panthers at home in Oregon, I felt this was an important benefit for the Nation's older people. All these letters I am receiving as a result of folks sending in copies of their prescription drug bills, if anything, just reaffirms to me how important it is that the Senate act on this issue, and do it in a bipartisan way.

Let's show seniors, let's show the skeptics we can come together around this important priority. This is not a trifling matter. This is, for many, many seniors, their big out-of-pocket expense. Many of them do not have pri-

vate health insurance that covers it. Many of them are simply falling between the cracks in terms of meeting their health care expenses. For many elderly people, as a result of escalating health costs, they are paying more proportionally out of their own pocket today than they were back when Medicare began in 1965. That should not be acceptable to any Member of the Senate.

I intend to come back to the floor again and again and again until this Senate, on a bipartisan basis, looks to addressing this prescription drug coverage. The Snowe-Wyden legislation is bipartisan. It uses marketplace forces. We reject the kind of price control regimes others may wish to pursue. I am hopeful we can get action on this issue because, for the millions of seniors who cannot afford their prescriptions, the Senate's willingness to tackle this issue, and do it on a bipartisan basis and get some relief for the seniors, will help instill a sense of confidence, a sense that the Senate is listening to them, hearing them, and is willing to respond to their most significant needs.

I yield the floor.

ADJOURNMENT UNTIL 9:30 A.M.
TOMORROW

The PRESIDING OFFICER. The Senate, under the previous order, will stand adjourned until 9:30 a.m., Wednesday, November 3, 1999.

Thereupon, the Senate, at 6:49 p.m., adjourned until Wednesday, November 3, 1999, at 9:30 a.m.